

# WISCONSIN WELL WOMAN PROGRAM REIMBURSEMENT RATES

Effective 04/01/2005 - 03/31/2006

<b>PREVENTIVE MEDICINE OV</b>		<b>DEPRESSION</b>													
Use these codes for health history and evaluation of risk profile for depression, domestic violence, hypertension, cardiovascular disease, diabetes, osteoporosis, and comprehensive exams including Pap and annual CBE. <b>One</b> visit per <b>client per provider per year</b> . If client sees <b>GYN</b> provider for Pap-Pelvic-CBE then may be referred for 2 <sup>nd</sup> Preventive office visit for remaining screenings.		Assess as part of the Preventive Medicine evaluation. (See Preventive Medicine office visit above) Code listed to be used when initial assessment determines need for referral. 90801 - Psychiatric Diagnostic Consult <b>\$149.18</b>													
<table><tr><td><u>INITIAL</u></td><td><u>Ages</u></td><td><u>ESTAB.</u></td></tr><tr><td>99385 - <b>\$ 56.96</b></td><td>35 - 39</td><td>99395 - <b>\$ 56.96</b></td></tr><tr><td>99386 - <b>\$ 57.43</b></td><td>40 - 64</td><td>99396 - <b>\$ 56.96</b></td></tr><tr><td>99387 - <b>\$ 54.69</b></td><td>65 - Over</td><td>99397 - <b>\$ 56.96</b></td></tr></table>		<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>	99385 - <b>\$ 56.96</b>	35 - 39	99395 - <b>\$ 56.96</b>	99386 - <b>\$ 57.43</b>	40 - 64	99396 - <b>\$ 56.96</b>	99387 - <b>\$ 54.69</b>	65 - Over	99397 - <b>\$ 56.96</b>	<b>DOMESTIC ABUSE</b>	
<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>													
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		Assess as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit above.)													
		<b>DIABETES</b>													
		36415 - Venipuncture - <b>\$3.00</b> 82947 - FBG or Random Sample - <b>\$ 5.48</b> 82950 - <b>OGT - \$ 6.64</b> (change to be consistent w/ WI DM Care Guideline 2004)													
<b>EVALUATION AND MANAGEMENT</b>		<b>CARDIOVASCULAR RISK: DYSLIPIDEMIA and HYPERTENSION</b>													
<table><tr><td><u>INITIAL</u></td><td><u>ESTAB.</u></td></tr><tr><td>99201 - 10 Min. - <b>\$ 35.11</b></td><td>99211 - 5 Min. - <b>\$ 20.40</b></td></tr><tr><td>99202 - 20 Min. - <b>\$ 62.51</b></td><td>99212 - 10 Min. - <b>\$ 36.86</b></td></tr><tr><td>99203 - 30 Min. - <b>\$ 93.05</b></td><td>99213 - 15 Min. - <b>\$ 50.45</b></td></tr></table>		<u>INITIAL</u>	<u>ESTAB.</u>	99201 - 10 Min. - <b>\$ 35.11</b>	99211 - 5 Min. - <b>\$ 20.40</b>	99202 - 20 Min. - <b>\$ 62.51</b>	99212 - 10 Min. - <b>\$ 36.86</b>	99203 - 30 Min. - <b>\$ 93.05</b>	99213 - 15 Min. - <b>\$ 50.45</b>	36415 - Venipuncture - <b>\$3.00</b> 80061 - Lipid Panel (TC/LDL/HDL/TTGS) - <b>\$ 18.72</b> 99211 - Blood Pressure recheck - <b>\$ 20.40</b>					
<u>INITIAL</u>	<u>ESTAB.</u>														
99201 - 10 Min. - <b>\$ 35.11</b>	99211 - 5 Min. - <b>\$ 20.40</b>														
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<b>CONSULTATION OV</b>		<b>OSTEOPOROSIS</b>													
Consultation OV can be used to determine further <b>breast</b> diagnostic studies only. (no other consultation visits are covered under the WWWP)		Assess risk as part of the Preventive Medicine Evaluation. (See Preventive Medicine office visit codes above left)													
99241 - 15 Min. - <b>\$ 48.60</b> 99242 - 30 Min. - <b>\$ 88.30</b> 99243 - 40 Min. - <b>\$117.75</b>		<b>ANESTHESIA</b>													
		Use CPT code + modifier: <b>00400, 19100, 19101, 19102, 19103, 19120, 19125, 19126, 19290, or 19295</b> Modifier: AA, QZ, QK, QY, QX <b>\$17.26 per unit</b>													
<b>ALLOWABLE BREAST SCREENING AND DIAGNOSTICS</b>															
76092 - Screening Mammogram <b>Global \$ 80.65 - TC \$ 45.17 - 26 \$ 35.48</b>		19000 - Puncture Aspiration of Breast Cyst surgical only - <b>\$ 103.56</b>													
*76090 – Diagnostic Mammogram (Unilateral) <b>Global \$ 74.04 - TC \$ 38.56 - 26 \$ 35.48</b>		19001 - Puncture Aspiration of Cyst, each additional lesion - <b>\$ 25.87</b>													
*76091 – Diagnostic Mammogram (Bilateral) <b>Global \$ 91.94 - TC \$ 47.97 - 26 \$ 43.97</b>		19100 - Breast Biopsy, percutaneous surgical only - <b>\$ 125.76</b>													
76095 – Stereotactic localization each lesion <b>Global \$342.96 - TC \$261.80 - 26 \$ 81.16</b>		19101 - Biopsy of Breast Open Incisional - <b>\$289.47</b>													
76096 – Mammogram guidance for needle placement, breast <b>Global \$ 76.39 - TC \$ 47.97 - 26 \$ 28.42</b>		19102 - Percutaneous, Needle Core, Using imaging guidance - <b>\$214.10</b>													
76098 – Radiological Exam Surgical Specimen <b>Global \$ 23.42 - TC \$ 15.31 - 26 \$ 8.11</b>		19103 - Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance - <b>\$551.17</b>													
*76645 - Breast Ultrasound, unilateral and/or bilateral <b>Global \$ 65.93 - TC \$ 38.56 - 26 \$ 27.37</b>		19120 - Excision of Cyst, Fibroadenoma, etc. - <b>\$390.87</b>													
76942 – Ultrasound guidance for needle biopsy <b>Global \$135.39 - TC \$101.39 - 26 \$ 33.99</b>		19125 - Excision of Breast Lesion identified by preop placement of radiological marker – open single lesion - <b>\$420.31</b>													
		19126 - Excision of Breast Lesion, identified by preop placement of radiological marker-each additional lesion - <b>\$157.43</b>													
		19290 - Preop placement of needle localization - <b>\$150.32</b>													
		19291 - Each additional lesion - <b>\$ 67.44</b>													
		19295 - Image guided placement metallic localization clip - <b>\$ 94.50</b>													
		10021 - Fine Needle Aspiration (FNA), without guidance - <b>\$126.41</b>													
		10022 - FNA, with guidance - <b>\$139.47</b>													
		99070 - Supplies and materials provided by physician over and above those usually included with the office visit or other services rendered (list) - <b>\$ 16.04</b>													
<b>BREAST LAB</b>		<b>CERVICAL CANCER SCREENING</b>													
88172 - Evaluation of FNA <b>Global \$ 49.50 - TC \$ 17.06 – 26 \$ 32.44</b>		88164, p3000 - Pap Test (Routine Screening) Bethesda System - <b>\$ 14.76</b>													
88173 – Interpretation and Report of FNA <b>Global \$129.71 - TC \$ 54.88 – 26 \$ 74.83</b>		88141, p3001 - Pap Test/Diagnostic (Interpretation by Physician) - <b>\$21.77</b>													
88305 - Surgical Pathology, breast <b>Global \$ 97.40 - TC \$ 56.52 – 26 \$ 40.88</b>		88142 - Thin Prep ( <b>reimbursed @ conventional Pap rate</b> ) - <b>\$14.76</b>													
88307 - Breast excision lesion – requiring microscope evaluation <b>Global \$174.15 - TC \$ 88.29 – 26 \$ 85.87</b>		87621 - HPV Hybrid II Capture from Digene - HPV test High Risk Only - <b>\$49.04</b>													
88331 - First tissue block, with frozen section(s) single specimen <b>Global \$ 86.01 - TC \$ 21.86 – 26 \$ 64.15</b>		57452 - Colposcopy w/o Biopsy - <b>\$106.76</b>													
88332 - Each additional tissue block with frozen section <b>Global \$ 39.67 - TC \$ 7.95 - 26 \$ 31.71</b>		57454 - Colposcopy with Biopsy and/or Endocervical Curettage - <b>\$154.11</b>													
		57455 - Colposcopy with Biopsy(s) of Cervix - <b>\$142.83</b>													
		57456 - Colposcopy with Endocervical Curettage - <b>\$134.48</b>													
		57505 - Endocervical Curettage (not done as d & c) - <b>\$98.22</b>													
		88305 - Surgical Pathology Colposcopy <b>Global \$ 97.40 - TC \$ 56.52 - 26 \$ 40.88</b>													
		99070 – Supplies, materials (explanation under same CPT, breast) <b>\$16.04</b>													

**Procedures not listed are not covered by WWWP.** Providers need to discuss any uncovered services with clients before providing them.

**Bolded CPT codes are eligible for billing as multiple units ( codes with \* by exception only).** The WWWP “Provider Billing Information” is being updated and will be shared when finalized.